FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00090523 3 COMMITTEE NAME **OFFICE USE ONLY Texas Vote Environment** Date Received **ELECTRONICALLY FILED** 01/14/2021 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 600 W. 28th St #202 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78705 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** David NAME NICKNAME LAST **SUFFIX** Foster STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 600 W. 28th St #202 STREET **ADDRESS** (Residence or Business) Austin, TX 78705 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 474-2046 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2020 12/31/2020 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2020 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer II	D (Ethics Commission Filers)
Texas Vote Environmer	nt		00090	0523
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Chrysta Castaneda Railroad	I Commissi	ioner
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS,	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	59,911.41
EXPENDITURE TOTALS	3. TOTAL POLITICAL E	EXPENDITURES OF \$100 OR LESS, UNLESS IT	EMIZED \$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	17,563.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	ST DAY \$	1,774.48
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	F THE \$	0.00
16 AFFIDAVIT			<u>_</u>	
		I swear, or affirm, under penalty of true and correct and includes all inf under Title 15, Election Code.		
			vid Foster	
		Signature of C	zampaign i r	easurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
			, this the $__$	day
of	_, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title o	f officer administering oath

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Vote Environmen	nt				00090523	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Laquitta DeMer	chant State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Eliz Markowitz	State Representa	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Travis Boldt Sta	ate Representativ	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	Assisted (Identify by name or, if					

FORM GPAC ADDENDUM

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Vote Environmer	nt				00090523	()
			T				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sharon Hirsch	State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jeff Whitfield	State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY		A. Supported	Lydia Bean S	State Representati	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		applicable, classify by party.)					

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12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Texas Vote Environment			00090523
14 COMMITTEE ACTIVITY 1. Candida (Identify by nat applicable, class)	me or, if	Alisa Simmons State Representa	ative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measur (Describe by d location of elec nature of issue	ate and ction and		
	B. Opposed		
3. Officeht Assister (Identify by nar applicable, clar	d me or, if		
COMMITTEE 1. Candida	ates A Supported	Joe Drago State Representative	
ACTIVITY (Identify by nat applicable, class	ne or, if	Joe Drago State Representative	-
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measur (Describe by d location of elect nature of issue	ate and ction and		
	B. Opposed		
3. Officeho Assiste (Identify by na applicable, cla	d me or, if		
COMMITTEE 1. Candida (Identify by nat applicable, clar	A. Supported	Elizabeth Beck State Represent	tative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Measur (Describe by d location of elec nature of issue	ate and ction and		
	B. Opposed		
3. Officeht Assister (Identify by nar applicable, cla:	d me or, if		
1 **	I		

FORM GPAC **ADDENDUM**

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COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Texas Vote Environmen	nt					00090523	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Debra I	Edmondsor	State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE	1. Candidates	A. Supported	Joanna	Cattanach	State Renre	esentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		ooama	Cattariaon	State Repre	Somative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted (Identify by name or, if)						
	applicable, classify by party.)						
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Brandy	Chambers	State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted (Identify by name or, if)						
	applicable, classify by party.)						

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12	COMMITTEE NAME						13 Filer ID	(Ethics Co	mmission Filers)
	Texas Vote Environmen	nt					00090523		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Erin	Zwiener State	Repres	sentative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
			B. Opposed						
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
	COMMITTEE	1. Candidates	A Supported	Ren Vikki	Goodwin Sta	to Donr	ecentative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		кер. Vіккі	Goodwiii Sta	іе кері	esenialive		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
			B. Opposed						
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Jame	s Talarico Sta	ate Rep	resentative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
			B. Opposed						
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							

FORM GPAC ADDENDUM

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12 COMMITTEE NA	ME				13 Filer ID	(Ethics Commission Filers)
Texas Vote Env	ironment				00090523	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Michelle Beckley	State Represe	entative	
(Attach lists on planaper to complete report if necessar	this	B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A Sunnorted	Rep. Ana-Maria R	amos Stato F	Panracontativa	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		кер. Ана-імана к	amos State F	Representative	
(Attach lists on pla paper to complete report if necessar	this	B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Theresa Mez	za State Repr	resentative	
(Attach lists on pla paper to complete report if necessar	this	B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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FORM GPAC ADDENDUM

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12	COMMITTEE NAME									13 Filer	ID	(Eth	nics Cor	mmission	Filers)	
	Texas Vote Environmen	it								000	90523					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Rep.	Victoria	Neave	Secre	etary (of State						
	(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed												
		2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported												
			B.	Opposed												
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)														
	COMMITTEE	1. Candidates	Α.	Supported	Rep.	John Tu	ırner S	tate Re	eprese	entative						_
	ACTIVITY	(Identify by name or, if applicable, classify by party.)							эр. оос							
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed												
		2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported												
			B.	Opposed												
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)														
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Ann	Johnsor	n State	Repre	senta	tive						
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed												
		2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported												
			B.	Opposed												
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)														

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							1 490 10 01 21
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Vote Environmen	nt				00090523	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. John Bu	cy III State Repre	sentative	
	(Attach lists on plain paper to complete this	approache, oracing by party.)	B. Opposed				
	report if necessary.)						
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		Officeholders Assisted (Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	Roland Gutie	rrez State Senato	r	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted					
		(Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ann Howard	Travis County Cor	nmissioner Pct	. 3
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders Assisted					
		(Identify by name or, if applicable, classify by party.)					

FORM GPAC **ADDENDUM**

						Page 11 01 21
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Vote Environmer	nt				00090523	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Greg Casar	Council Member, I	District 2	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Leslie Pool	Council Member, D	istrict 7	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Lesiie 1 ooi	Council Member, E	istrict i	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Christy Willia board, Pct 4	ams Barton Springs	Edwards Aquit	fer Conservation District
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

FORM GPAC ADDENDUM

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12 CC	MMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Te	xas Vote Environmer	nt			00090523	
	OMMITTEE TIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jimmy Flannigan Council Mem	nber, District 6	
par	tach lists on plain per to complete this port if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
CC)MMITTEE	1. Candidates	A. Supported	Alison Alter Council Member, I	District 10	
	TIVITY	(Identify by name or, if applicable, classify by party.)			-1011101 =0	
par	tach lists on plain per to complete this port if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	OMMITTEE TIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
par	tach lists on plain per to complete this port if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop A Aus Election D Transit Referendum	ate:2020-11-03	Desc:City of Austin
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
			1			

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPUSE					Page 13 of 21
2 COMMITTEE NAME Texas Vote Environme	ant			13 Filer ID 00090523	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		00030323	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop B Aus Election Da Active Transportation Referendu	ate:2020-11-03 m	Desc:City of Austin
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

						14 of 21
17 COMMI	TTEE NAMI			18 Filer ID	(Ethics Commission	n Filers)
Texas Vote Environment 00090523						,
19 SCHED	19 SCHEDULE SUBTOTALS					
NAME OF SCHEDULE						MOUNT
1. X	SCHE	ULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	59,911.41
2.	SCHE	ULE A2: NON-MONETARY (IN-KIND) POLITICAL CON	NTRIBUTIONS		\$	
3.	SCHE	ULE B: PLEDGED CONTRIBUTIONS			\$	
4.		ULE C1: MONETARY CONTRIBUTIONS FROM CORF	PORATION OR LABO)R	\$	
5.		ULE C2: NON-MONETARY (IN-KIND) CONTRIBUTION ORGANIZATION	NS FROM CORPORA	ATION OR	\$	
6.	SCHE	ULE C3: MONETARY SUPPORT FROM CORPORATION	ON OR LABOR ORG	ANIZATION	\$	
7.		ULE C4: NON-MONETARY SUPPORT FROM CORPC IIZATION	RATION OR LABOR		\$	
8.	SCHE	ULE D: PLEDGED CONTRIBUTIONS FROM CORPOR	RATION OR LABOR (ORGANIZATION	\$	
9.	SCHE	ULE E: LOANS			\$	
10. X	SCHE	ULE F1: POLITICAL EXPENDITURES FROM POLITIC	AL CONTRIBUTION:	S	\$	17,563.28
11.	SCHE	ULE F2: UNPAID INCURRED OBLIGATIONS			\$	
12.	SCHE	ULE F3: PURCHASE OF INVESTMENTS FROM POLI	TICAL CONTRIBUTION	ONS	\$	
13.	SCHE	ULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
14.	SCHE	ULE I: NON-POLITICAL EXPENDITURES FROM POLI	TICAL CONTRIBUTION	ONS	\$	
15.	SCHEI TO FIL	ULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND ER	CONTRIBUTIONS	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 15/21	
2	FILER NAME Texas Vote B	Environment		3	Filer ID (Ethics Commission 00090523	on Filers)
4	Date 10/14/2020	 Full name of contributor out-of-state PAC (ID#:_ Austin Metro Trails and Greenways Contributor address; City; State; Zip Code 5423 Shoalwood Ave)	7	Amount of Contribution (\$)	\$4,629.50
_		Austin, TX 78756				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/09/2020	Full name of contributor out-of-state PAC (ID#:_ Austinites for Equity Contributor address; City; State; Zip Code 1812 Centre Creek Drive Suite 320 Austin, TX 78754)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/07/2020	Full name of contributor out-of-state PAC (ID#:_ Brigid Shea Campaign Contributor address; City; State; Zip Code 2604 Geraghty			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/28/2020	Full name of contributor out-of-state PAC (ID#:_ Burnam, Lon (The Honorable) Contributor address; City; State; Zip Code 2103 6th Ave Ft. Worth, TX 76110			Amount of Contribution (\$)	\$1,500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions NA)		
	Date 10/08/2020	Full name of contributor out-of-state PAC (ID#:_ Levinski, Bobby Contributor address; City; State; Zip Code 7705 Croftwood Dr Unit B Austin, TX 78749			Amount of Contribution (\$)	\$200.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Save Our Springs Allian			

	MONEI	ARY POLITICAL CONTRIBUTION	N	15		SCHEDULE A1
	The Instruc	etion Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 16/21
2	FILER NAME Texas Vote E	Environment			3	Filer ID (Ethics Commission Filers) 00090523
4	Date 09/25/2020	 Full name of contributor out-of-state PAC (ID#:_Mitchell, Kirk Contributor address; City; State; Zip Code 304 E. 32nd St 			7	Amount of Contribution (\$) \$2,000.00
8	Principal occup	Austin, TX 78705 pation / Job title (See Instructions) vestor	9	Employer (See Instructions	<u> </u> 5)	
	Date 10/20/2020	Full name of contributor out-of-state PAC (ID#:_Mobility for All PAC Contributor address; City; State; Zip Code 3110 Manor Road, Suite H Austin, TX 78723 pation / Job title (See Instructions)		Employer (See Instructions		Amount of Contribution (\$) \$44,501.91
	T Intelpat occup			Employer (See mondone)	''	
	Date 11/03/2020	Full name of contributor out-of-state PAC (ID#:_ Mobility for All PAC Contributor address; City; State; Zip Code 3110 Manor Road, Suite H Austin, TX 78723)		Amount of Contribution (\$) \$330.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	<u>l </u>	
	Date 12/11/2020	Full name of contributor out-of-state PAC (ID#:_ Travis county Democratic Party PAC Contributor address; City; State; Zip Code 1311 E 6th S Austin, TX 78702)		Amount of Contribution (\$) \$1,500.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/16/2020	Full name of contributor out-of-state PAC (ID#:_ Vote PAC Contributor address; City; State; Zip Code 3571 Far West Blvd PMB 149 Austin, TX 78731)		Amount of Contribution (\$) \$4,000.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	5)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 17/21	Texas Vote Environment	00090523
4 Date	5 Payee name	
07/31/2020	Chase Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$12.00	2414 Guadalupe	
Expenditure from		
corporate funds	Austin, TX 78705	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly bank fee
		•
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
08/31/2020	Chase Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.00	2414 Guadalupe	
Expenditure from		
corporate funds	Austin, TX 78705	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly bank fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/30/2020	Chase Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.00	2414 Guadalupe	
Expenditure from		
corporate funds	Austin, TX 78705	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly bank fee
		,
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 18/21	Texas Vote Environment 00090523
4 Date	5 Payee name
10/30/2020	Chase Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12.00	2414 Guadalupe
Evpanditura from	
Expenditure from corporate funds	Austin, TX 78705
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Monthly bank fee
	Monthly bank lee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nomo
11/30/2020	Payee name
	Chase Bank
Amount (\$)	Payee address; City; State; Zip Code
\$12.00	2414 Guadalupe
Expenditure from	
corporate funds	Austin, TX 78705
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Monthly bank fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-4-	
Date	Payee name
12/31/2020	Chase Bank
Amount (\$)	Payee address; City; State; Zip Code
\$12.00	2414 Guadalupe
Expenditure from	
corporate funds	Austin, TX 78705
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Monthly bank fee
	Monthly bank lee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 19/21	Texas Vote Environment	00090523
4 Date	5 Payee name	
12/10/2020	Clean Water Action	
6 Amount (\$) \$1,000.00 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Co 600 W. 28th St Suite 202 Austin, TX 78705 (a) Category (See Categories listed at the top of this schedule) Phone banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone banking for Jimmy Flannigan
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ght Office held
Date	Payee name	
12/11/2020	Clean Water Action	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,250.00	600 W. 28th St	
Expenditure from	Suite 202	
corporate funds	Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Phone banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone banking for Alison Alter
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
12/14/2020	Clean Water Action	
Amount (\$) \$500.00 Expenditure from corporate funds	Payee address; City; State; Zip Co 600 W. 28th St Suite 202 Austin, TX 78705	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Overhead expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ght Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 4/5 Rpt: 20/21	Texas Vote Environment 00090523	
4 Date	5 Payee name	
10/20/2020	Emily Scott Design	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$440.00	69 Hervye St #10	
Expenditure from corporate funds	Camrbidge, MA 02140	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Design of Mailings	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	_
10/13/2020	Worley Printing	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,577.90	3217 North IH 35	
Expenditure from corporate funds	Austin, TX 78722	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Printing and mailing postcards	
	Timenig and maning posterior	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	_
10/12/2020	Worley Printing	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,002.97	3217 North IH 35	
, ,,,,,,,,		
Expenditure from corporate funds	Austin, TX 78722	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Printing and mailing postcards	
	T many and maining posted as	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/5 Rpt: 21/21	Texas Vote Environment 00090523
4	Date	5 Payee name
	10/20/2020	Worley Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,720.41	3217 North IH 35
	·	
	Expenditure from corporate funds	Austin, TX 78722
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		Printing and mailing postcards
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held